

Rhode Island Department of Labor & Training
Division of Occupational Safety/Mercantile Division
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PETROLEUM DEALER LICENSE APPLICATION

DATE: _____

FEDERAL I.D.# _____ SOCIAL SECURITY # _____

ENTERPRISE NAME _____
(Name Lettered on Vehicle or Vehicles)

****COMPANY NAME**** _____
(COMPLETE IF COMPANY AND ENTERPRISE NAME ARE DIFFERENT)

ADDRESS _____ CITY _____

STATE _____ ZIP _____ TELEPHONE _____

COMPLETE SECTIONS A THRU D. RETURN THIS APPLICATION WITH A CHECK OR MONEY ORDER FOR \$120.00 (NO CASH). APPLICATIONS MUST HAVE PAYMENT FOR PROCESSING.

A) INSURANCE CERTIFICATION OF \$2,000,000 LIABILITY INSURANCE MUST BE SENT WITH THIS APPLICATION. IF THE INSURANCE AGENT, INSURANCE COMPANY, OR THE LETTER A COMPANY HAVE CHANGED, THEN YOU ARE REQUIRED BY LAW TO SEND A RIDMV1 OR A GU1338A WITH YOUR APPLICATION.

CANCELLATION OF INSURANCE WILL CAUSE YOUR LICENSE TO BE SUSPENDED.

Insurance Agent _____ Agent's telephone _____

Letter A company _____ Expiration date _____

B) LIST DELIVERY TRUCKS ONLY (Registered and unregistered)

	TRUCK MAKE	YEAR	MODEL	COLOR	REGISTRATION PLATE NUMBER	EQUIPMENT NUMBER	EXP.DATE (Mo./Yr.)
1							
2							
3							
4							
5							
6							

TOTAL TRUCKS REGISTERED _____

List all additional trucks on separate sheet with above information.

C) State of Rhode Island Sales Tax Resale Certificate Number _____

D) Statement that all delivery trucks are in compliance with section 397 of the federal motor carriers safety regulations for the transportation of hazardous materials. (required)

- 1 () All delivery trucks are placarded (2 sides, front & rear)
- 2 () 1993 identification decals () Other
- 3 () City/town, state where truck is based, is on all delivery vehicles.
- 4 () A certificate of insurance () Our sales tax resale certificate number
- 5 () Issued license number is on file with ALL of our petroleum suppliers.

SIGNED _____ DATE _____

TITLE _____